CONTRACT REQUEST FORM

This form is used whenever an outside vendor is coming to campus to provide services.

PERSONAL INFORMATION	(Who is being paid)	
Legal Name of Individual or Orga	nization:	
Legal Address:		
Contact Email:	Conta	act Phone:
Is this person a U.S. Citizen (if inc	lividual):	□NO
PAYMENT INFORMATION (All inclusive honorariums are a	lways preferred)
Total Amount Being Paid As Hor	norarium: \$	
Does This Honorarium Include (o	check all that apply): □ Hot Costs, Plane, Train, or Bus Ticl	_
If Not All Inclusive, Please Check A separate Purchasing (PCard) For ☐ Hotel Arrangements		ich of these additional purchases.
EVENT INFORMATION		
Event Name:		
Event Date:	Event Location:	
Description of Services Being Pro	vided (i.e. Musical Performanc	ee, Lecture, Workshop, Film Screening):
SIGNER AUTHORIZATION		
Print Name:	Signature:	Email:
Print Name:	Signature:	Email:
Student Group Name:	Account Number:	
Approved By: Date: Date:		
CLA USE ONLY: PO NUMBER: ACCEPTED: YES / NO DATE:	Funding Approved: Yes / No Date Contract Emailed:	